

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/523012 FILING DATE

APPLICANT(S)

21105

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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48						
49						
50						
TOTAL IND.		2				
TOTAL DEP.		17				
TOTAL CLAIMS		19				

*	IND.	DEP.	*	IND.	DEP.	*
51			52			53
54			55			56
57			58			59
60			61			62
63			64			65
66			67			68
69			70			71
72			73			74
75			76			77
78			79			80
81			82			83
84			85			86
87			88			89
90			91			92
93			94			95
96			97			98
99			100			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						